

**IT IS ORDERED** as set forth below:



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**Date: January 3, 2019**

Susan D. Barrett

United States Bankruptcy Judge  
Southern District of Georgia

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**UNITED STATES BANKRUPTCY COURT**  
**Southern District of Georgia**

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In re:  
**Cheryl S. King**  
Debtor

Case No.: 16-30228-SDB

Judge: Susan D. Barrett

Chapter: 7

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**ORDER ON MOTION FOR RELIEF FROM STAY**  
(Official Local Form B-55)

MOVANT: Specialized Loan Servicing, LLC as servicing agent for Wilmington Saving Fund Society, FSB, dba Christina Trust, not in its individual capacity, but solely in its capacity as owner trustee for WF 19 Grantor Trust  
SUBJECT PROPERTY: 1112 Academy Ave, Dublin, GA 31021

After notice and a hearing the motion is ordered:

☒ Granted. ☐ The Trustee will discontinue distribution on the movant's claim and reduce movant's claim to the amount paid if no amended claim is filed within \_\_\_\_\_ days of this order.

☐ The Trustee shall reduce movant's claim relating to this collateral to the amount paid. Movant is granted leave to seek allowance of a deficiency claim, if appropriate.

☐ Continued to \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

☐ Continued. The Motion will not be reassigned until a minimum of seven (7) days after Movant files and serves a Request for Assignment of Continued Hearing. That request shall not be filed until discovery is complete, including, if applicable, providing a post-petition payment history to opposing counsel.

☐ Denied.

☐ Denied on the condition that:

☐ The debtor shall make timely post-petition payments to Movant as required by the Chapter 13 plan.

☐ The debtor shall tender payments to Movant or take other action as follows:

- ☐ Post-petition arrearage is \$ \_\_\_\_\_ through the \_\_\_\_\_ payment due date, plus attorney's fee of \$ \_\_\_\_\_ and court costs of \$ \_\_\_\_\_ for a total arrearage of \$ \_\_\_\_\_.
- ☐ Debtor shall pay to Movant the sum of \$ \_\_\_\_\_ on or before \_\_\_\_\_ which sum shall be applied to the above-referenced total arrearage.
- ☐ Debtor shall cure the foregoing arrearage in full by making additional monthly payments to the Movant in the sum of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_ and continuing on the \_\_\_\_\_ day of each successive month thereafter, with a final additional payment of \$ \_\_\_\_\_ being due on or before \_\_\_\_\_.
- ☐ Debtor shall recommence making regular monthly payments to Movant, as same come due under the applicable loan documents, including any insurance premiums which may come due thereunder, (subject to adjustments if provided in the contract) beginning \_\_\_\_\_, and maintain current monthly payments thereunder for the pendency of this case. All payments must include the last four digits of the account number \_\_\_\_\_ and shall be sent to the following address, depending on the type of payment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STRICT COMPLIANCE IS ORDERED as follows:

- ☐ That in the event the debtor fails to comply with the terms of this order, the movant, through its attorney of record, may file an affidavit establishing the default, served upon the debtor and debtor's attorney. Upon the expiration of fourteen (14) days without the filing of a counter-affidavit by the debtor disputing the fact of default, an order will be entered lifting the automatic stay, converting the case to a Chapter 7 or dismissing the case without further motion, notice or hearing.

☐ The strict compliance provision of this Order shall expire on \_\_\_\_\_.

☐ Other provisions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE TO COUNSEL: THE COURT REQUIRES ANY FORM MODIFICATIONS AND/OR NONCONFORMING TERMS TO BE PLACED IN THE "OTHER PROVISIONS" SECTION ABOVE, OR ON A SEPARATE PAGE.**

**[END OF DOCUMENT]**

_____ <i>Attorney for Movant</i>	_____ <i>Attorney for Respondent/Debtor</i>	_____ <i>Debtor</i>	_____ <i>Trustee</i>
_____ <i>Name (print)</i>	_____ <i>Name (print)</i>	_____ <i>Name (print)</i>	_____ <i>Name (print)</i>
_____ <i>GA Bar No:</i>	_____ <i>GA Bar No:</i>		

Order prepared and submitted by:

s/: \_\_\_\_\_  
*Attorney Name:* \_\_\_\_\_  
*Attorney for:* \_\_\_\_\_  
*GA Bar No:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
*City, St, Zip:* \_\_\_\_\_  
*Phone:* \_\_\_\_\_  
*Email:* \_\_\_\_\_

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